


STANDARD EXTRICATION CHALLENGE												MEDICAL ASSESSOR		2017		
ASSESSOR:												TEAM:				
CHALLENGE LOCATION:												TIME:				
GENERAL														S		
Scene Assessment	Safe Approach			360° Survey			Identifies Casualties			Liaises with IC			Assesses Mechanism of Impact			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
Initial Casualty Contact	Gives Safety Instructions			Safe and Rapid Access			Effective Access and Position			Identifies themselves to casualty			Identifies any Entrapment			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
Protection from Environment	Aware of Hazards			Hard/Soft Protection			Correct Gloves			Personal/Casualty Safety			Situational Awareness			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
Use of Equipment	Appropriate PPE/BSI			Correct and Appropriate Equipment			Equipment Positioning			Oxygen Delivery			Reassesses			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
COMMENTS :																
CASUALTY ASSESSMENT AND MANAGEMENT														S		
Airway	Responsiveness			Airway status			Check mouth			Airway manoeuvre			Reassesses			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
Breathing	Ventilatory rate			Inspects Chest			Respiratory Effort/Depth/Rhythm			Oxygen			Reassesses			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
Circulation	Massive haemorrhage			Skin			Pulses			Capillary refill			Reassesses			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
Disability	Consciousness Level			Assesses Pupils			Sensory function			Motor function			Reassesses			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
Examine & Exposure	Head and neck			Chest			Back			Abdomen			Pelvis			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
Examine & Exposure	Lower limbs			Upper limbs			Pelvis			Relevant medical information			Prevent heat loss			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
Spinal Care	Prevents active movement			In-line stabilization			Handover between carers			Pelvic stabilization			Alignment of the body			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
Management	Appropriate emergency and full plan			Plan informed by casualty injuries			Timely management for casualty release			Utilises 2nd medic and team appropriately			Casualty centred			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
Extrication	Timing			Supervision and leadership			Casualty handling (IA)			Correct movement to transfer device			Correctly aligned / positioned on device			25
	1	3	5	1	3	5	1	3	5	1	3	5	1	3	5	
COMMENTS :																
COMMUNICATION														S		
With IC	On Approach			On Plan(s)			On Casualty Condition			On Treatment			Maintains			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
With Second Medic	Identification of second medic verbalised			Appropriate use of second medic			Allocation of appropriate tasks			Two way communication			3-way communication with medics and IC			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
With Team	Clear Instructions			Assigns Roles			Informs of Casualty Condition			Directs when Required			Maintains			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
With Casualty	On Approach (IA)			Listens, Reacts, On Warnings (IA)			Language (Avoids Jargon, etc.) (IA)			On Treatment Given (IA)			Maintains (IA)			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
Handover	Incident & mechanism of injury			Injuries and initial status			Treatment / interventions			Current status			Other appropriate information - AMP			15
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
COMMENTS :																
DEBRIEF SUMMARY:																
ASSESSORS SIGNATURE:										TOTAL SCORE (Max 350)			350			
A total of 20 points are awarded from the Interior Assessor (IA) and 350 points from the Medical Assessor making a maximum total of 370										SCORE CHECKER'S INITIALS						

Marking Criteria

Individual
Subsection

- 0 = Not done, done incorrectly or an unsafe practice demonstrated;
 1 = Performed out of sequence or at a basic standard;
 2/3 = Performed in sequence and at an appropriate time;
 3/5 = Performed in sequence, at an appropriate time and with attention to detail.

General		
Scene Assessment	Safe Approach	Acknowledges or verbalizes hazards, mechanism of collision, etc.
	360° Survey	Receives and acknowledges pertinent 360 findings from IC.
	Identifies Casualties	Verbal confirmation of casualties in number and location.
	Liaises with IC	Aware of when safe/not safe to approach, liaising frequently with IC.
	Safe Access	Accesses vehicle with due consideration of stabilisation and other hazards such as sharps, glass, etc.
Initial Casualty Contact	Gives Safety Instructions (IA)	Gives good clear instruction to casualties that is heard and understood on approach and during the scenario.
	Assesses Mechanism of Impact	Assessment made of potential injuries, based upon the kinematics.
	Safe and Rapid Access	Access gained is appropriate avoiding unnecessary hazards.
	Effective Access and Position	Places self in most effective position for space available in order to make assessment of casualty.
	Entrapment Identified	Identifies and makes known any areas of entrapment.
Protection from Environment	Aware of Hazards	Looks out for hazards such as close cuts, glass, etc.
	Hard/Soft Protection	Ensures sheets and other forms of protection are used to shield casualties and self at all times.
	Correct Gloves	Swaps gloves appropriately between periods of casualty contact.
	Personal/ Casualty Safety	Medic(s) aware of own situation regarding position, proximity to dangers and fatigue, plus the safety of the casualty at all times.
	Situational Awareness	Medic aware of their role at all times and aware of how scenario is developing around them, e.g. intervenes and deals with issues when they arise. Is aware of casualty condition and impact on plan.
Use of Equipment	Appropriate PPE/BSI	Uses correct gloves when in contact with fluids from casualties or vehicle and uses mask and helmet, etc. for own protection where necessary.
	Correct and Appropriate Equipment	Medical equipment such as oxygen, tubing, masks and other utensils, such as stethoscopes, used appropriately and correctly.
	Equipment Positioning	Equipment positioned to ensure it can be monitored and protected from damage, while accessible when needed.
	Oxygen Delivery	Correct flow rate, mask, application of mask, etc.
	Reassesses	Reassesses equipment location, condition and monitors levels within cylinder.

Casualty Assessment and Management

Airway assessment & management	Checks for responsiveness	Checks for responsiveness (tactile and verbal stimulation)
	Airway status	Recognises airway status (with 'c' spine control)
	Check mouth	Performs visual inspection of the mouth
	Airway manoeuvre	Carries out appropriate airway manoeuvre
	Reassesses	Maintain the airway opened and reassesses regularly
Breathing assessment & management	Ventilatory rate	Assesses ventilatory rate (look, listen and feel)
	Inspects Chest	Inspects chest (visual and palpation)
	Respiratory Effort/Depth/Rhythm	Assesses breathing characteristics (depth, regularity, effort)
	Oxygen	Recognises the need for and applies supplemental oxygen
	Reassesses	Reassesses regularly
Circulation assessment & management	Massive haemorrhage	Identifies and manages massive haemorrhage
	Skin	Performs skin perfusion check (condition, colour and temperature)
	Pulses	Checks and compares central and peripheral pulses (at the right anatomic places)
	Capillary refill	Assesses capillary refill (centrally and peripherally)
	Reassesses	Reassesses regularly
Disability assessment & management	Consciousness Level	Assesses level of consciousness using appropriate scale
	Assesses Pupils	Checks for size, symmetry and reaction to light of both pupils.
	Sensory function	Checks sensory function (all limbs)
	Motor function	Checks motor function (all limbs)
	Reassesses	Reassesses regularly
Expose and Examine	Head	Examines head
	Neck	Examines neck
	Chest	Examines and exposes chest
	Back	Examines and exposes back
	Abdomen	Examines and exposes abdomen
	Pelvis	Examines and exposes pelvis
	Lower limbs	Examines and exposes lower limbs
	Upper limbs	Examines and exposes upper limbs
	Relevant medical information	Seeks relevant medical information (allergies, medication, past medical history)
	Prevent heat loss / dignity	Prevents heat loss from exposure / maintains personal dignity

Casualty Assessment and Management

Spinal Care	Prevents active movement	Prevents active movements of the head and neck (asking the casualty, ensuring collaboration)
	In-line stabilization	Provides appropriate in-line stabilisation of head & neck for passive movements
	Handover between Carers	C-spine immobilisation maintained despite change of care giver, showing good practice techniques.
	Pelvic stabilization	Pelvic strapped/considered prior to removal - or afterwards if not possible
	Alignment of the body	Considers appropriate alignment of the body
Management	Appropriate Emergency and Full Plan	Medic involved in formulation of plans and aware of changes. Appropriate space made, reassessment and instruction provided to extrication team prior to undertaking.
	Plan Informed by Casualty Injuries	Keeps team and IC up to date with casualty condition, aware of how it may influence plans.
	Timely Management for Casualty Release	Casualty release made a priority due to signs and symptoms shown.
	Utilises Second Medic and Team Appropriately	Uses second medic efficiently, e.g. so as not to hinder scenario progress.
	Casualty Centred	Shows good overall casualty care and priority by medics and the rest of the team.
Extrication	Timing	Extrication undertaken in a timely manner appropriate to the casualties injuries.
	Supervision and leadership	Medic leads extrication, listens and reacts to events during extrication.
	Casualty Handling (IA)	Unnecessary movement minimised.
	Correct movement to transfer device	Movement to transfer device made in the axis of the body (best possible)
	Correctly aligned / positioned on device	Casualty centered on the transfer device, position reassessed during extrication

Communication		
With IC	On Approach	Maintains useful communication on initial approach with IC, team and casualty.
	On Plan(s)	Liaises with IC on all plans.
	On Casualty Condition	Notifies IC of casualty condition after primary survey and at other times, when appropriate.
	On Treatment	Informs IC of significant hazards identified.
	Maintains	Keeps up to speed with developments.
With Second Medic	Identification of Second Medic Verbalised	Requests help of second medic from IC, second medic identified.
	Appropriate Use of Second Medic	Makes full use of second medic to complete primary , secondary surveys and reassessment.
	Allocation of Appropriate Tasks	Allocates the second medic appropriate tasks and verbalises instructions.
	Two-Way Communication	Achieves good communications with second medic throughout ensuring casualty is aware of their roles.
	3-Way Communications with Medic and IC	Achieves good communication pathways between both medics and IC at regular intervals, to ensure a casualty centred rescue.
With Team	Clear Instructions	Instructions to team are clear and concise, e.g. during close cutting, the casualty extrication, etc.
	Assigns Roles	Utilises team members to achieve aims.
	Informs of Casualty Condition	Ensures team are aware of casualty status when they need to know, e.g. significant injuries prior to handling, tender areas, etc.
	Directs when Required	Takes leadership of team and directs when required e.g. during the casualty extrication.
	Maintains	Stays in contact with team, aware of their activities, etc.
With Casualty	On Approach (IA)	Safety instructions given on approach, along with reassurance.
	Listens, Reacts, On Warnings (IA)	Listens and reacts to what casualty says, warns of events and explains plans.
	Language (Avoids Jargon, etc) (IA)	Does not use medical jargon when communicating with casualties.
	On Treatment Given (IA)	Gives appropriate treatment to casualty to achieve resuscitation/first aid measures.
	Maintains (IA)	Stays in contact with casualty, frequent checks on overall condition.
Handover	Incident & mechanism of injury	Describes the incident & mechanism of injury
	Injuries and initial status	Describes the injuries and initial status
	Treatment / interventions	Describes treatment / interventions
	Current status	Describes current status
	Other appropriate information - AMP	Gives other appropriate information - AMP
	Note: Various mnemonics exist to aid in handover delivery such as MIST and no particular one is used consistently between care providers. Irrespective of which is used, the above content should be covered. The medic is allowed one minute to give handover before returning to scenario.	